PATER	T APPLICATION E	FE DETERMENT	espond to a collection and trader ATION RECORD	merk Office U.S. DEP	1/3 (2006, OKE 066)
	Substitute	to Form P 10-876	espond to a collection and Trades ATION RECORD	Action of the last	Train Own orange has
	LAIMS AS FILED - P	ART1		109	19147
FOR	HUMBER FILED	(Column 2)	BMALL ENTIN	Y OR	OTHER THAN
BASIC FEE (37 CFR 1.16(a))	- CONTRACTOR	HUMBER EXTRA		EE	SWALL ENLILY
101A!, OLAIUS. (37 CFR 1.16(c))				- I	PATE. FEE
HOEPENDENT CLARGE OT OFR 1.16(b)	लाताम 20 a		X \$	OR	
MUCTIPLE DEPENDENT OL	minus 3 a		X E =	OR X	
		1.16(4)		OR XI	
* If the difference in column	f kriess than zond, onter 10".	in column 2.		OR +1	
CLAIMS	AS AMENDED - PA		TOTAL	OR :	TÀL TOWN
					-
MI Q	AILIS I	kmn 2) (Column 3	SHALL ENTITY	00	Å.
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Total AMEN	OMENT PAIC	HOUSLY EXTRA	THATE - ABOY	14. E	menal.
O PTORI LISTOR	O Minus 3	01-1	FEE	1 -	TIONAL
<b>\\</b>	Minus 411	3 -1	x1.25.	OR XES	V TEE
REST PRESENTATION OF	MULTIPLE DEPENDENT CLAIM	l drome	x:(00=	OR X 202	
1.10		(17 CFR L.16(4))	+:/80=	OR +136	
0/02/01 Colum	San :	• •	TOTAL ADD'L FEE	OD . TOTAL	P
	ds 1			OR ADDLE	EE .
AFTE	HUMB	ER TPRESEUR	RATE ADDL	1 1 200	
OLOH FIRM	PAID F	OR IN THE	TIONAL	PATE	1 4001 1
UT CIRCL SOLE	Minus 100	10	X8	War war	TIONAL
	1	0	X1 = '	OR X.1	
T Asherit VIICH OF PU	LTIPLE DEPENDENT CLAIM	Profit Liegaly		OR X1	
	· .		TOTAL	CR +	
(Column		2)	ADDLIFEE	OR ADD'L PEE	
REMAINIT	HIGHES	The state of the s		W. Ga.	
AFTER AMENDME	PREVIOUS	LY EXTRA	RATE ADDI-		1
Us CHE Plate	Minus "	1	TIOHAL	RATE	ADDI- TIONAL
archatten	Minus 144		XŁ_e	OR KE'	FEE
FIRST PRESENTATION OF IN	Total Community		X 1 =	00	<del>  </del>
FIRST PRESENTATION OF MUL	THE DEPENDENT CLAIM (3)	OFR L16(41)	+1	OR XE	
If the entry in entry a se	<b>**</b>	!	TOTAL	OR +	
If the entry in column 1 is less if the "Highest Humber Previou if the "Highest Humber Previou The "Highest Humber Previous	inan the entry in column 2, w isly Paid For IN THIS SPAC	wite 10° in column 3.	ADDI FEE	OR ADD'L FEE	
If the Highest Humber Previous The Highest Humber Previous	Paid For IN THIS SPACE	E b less than 20, enter	r *20*, *3*	•	

"If the Highest Number Previously Paid For M THIS SPACE is less than 20, enter 20.

The Highest Number Previously Paid For Highest Hais space is less than 3, enter 3.

The Highest Number Previously Paid For Highest Hais space is then 3, enter 3.

This toollection of Information is required by 37 CFR 1.16. The Information is required to obtain or retain a benefit by the public which is to life (and by the DISPTOW process) application. Commencement by 35 U.S.O. 122 and 317 CFR 1.11. This controlled by the public which is to life (and by the Industry of States) preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual care. Any commence and Trademark Office, U.S. Department of Commence, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS